

REIMBURSEMENT VOUCHER FOR EMPLOYEE FITNESS PROGRAM

U.S. Department of Energy, Oak Ridge Operations Office

Employee Name:

Mailing Address:

Routing Symbol:

Health Club/Fitness Center Name:

Reimbursement period: Beginning _____ and ending _____ .

Total amount of membership fee for reimbursement period:

Amount of membership fee to be reimbursed: _____ (not to exceed \$100 for six month usage period).

I intend to continue fitness program: Yes _____ No _____

Reimbursement is contingent on the employee proving through adequate documentation that (1) he or she was a member at the named health club/fitness center during the 6-month period for which he or she seeks reimbursement, (2) he or she has paid the amount of membership fee listed above for the time period stated, and (3) he or she has used the club/center facilities approximately 26 times.

I understand that any reimbursement is considered a taxable fringe benefit and that I am responsible for payment of any taxes. I understand and agree that reimbursement of any period is contingent on utilization of the health club/fitness center facilities in accordance with ORO O 340, Chapter V approximately 26 times per 6-month period (once a week).

By signing below, I certify to the following:

- 1. the expenses claimed herein are correct and proper;*
- 2. I have been a member of the above named, health club/fitness center during the 6-month period for which I am seeking reimbursement;*
- 3. I have paid the amount of membership listed above for the time period stated, and,*
- 4. I have used the club/center facilities in accordance with ORO O 340, Chapter V for approximately 26 times during this 6 month period for which I am seeking reimbursement.*

Employee Signature:

Date:

I certify that the expenses claimed comply with the ORO Employee Fitness Program policies and procedures.

ORO Wellness Committee Chair Signature:

Date: